

100599-150

Filing fee calculation:

- ☒ Before calculating the filing fee, please enter the enclosed Preliminary Amendment.
☐ Before calculating the filing fee, please cancel claims

Basic Filing Fee						\$	740
Multiple Dependent Claim Fee (\$ 280)						\$	
Foreign Language Surcharge (\$ 130)						\$	
	For	Number Filed		Number Extra		Rate	
Extra Claims	Total Claims	22	-20	2	x	\$ 18	= \$ 36.00
	Independent Claims	4	-3	1	x	\$ 84	= \$ 84.00
TOTAL FILING FEE						\$	860.00

- ☒ Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$860. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR \$1.16 and \$1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

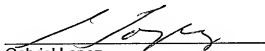
Please address all correspondence to the address associated with Customer No. 23914, which is currently:

Stephen B. Davis
Bristol-Myers Squibb Company
Patent Department
P.O. Box 4000
Princeton, NJ 08543-4000

Please direct all telephone calls to the undersigned at the number given below and all telefaxes to (609) 252-4526.

Respectfully submitted,

Date: 12/5/01


Gabriel Lopez
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